

Office of Equity and Inclusion**Equal Employment Opportunity Division**

Reasonable Accommodation Request, Cooperative Dialogue and Outcome Form

Date Received:

11/11/21

Name of Applicant/Employee:

PO CHINCHILLA-BURROUGHS, NANCY

Cmd:

PA

Tax #

RA #

2021-139

Method of Filing:

☐ In Person ☐ Phone ☐ Fax ☐ Mail ☒ E-mail

Investigator:

P.O. KEITH CATTONAR

DOCUMENTATION OF STEPS TAKEN TO CONSIDER REQUEST

Date	Comments
11/11/21	RA application received
11/11/21	RA application reviewed
11/11/21	Supporting document reviewed
11/11/21	Sent for review
11/11/21	Received final determination (Denied)

RESOLUTION☐ Granted

Date: _____

Type of Accommodation Granted:

☐ As Requested☐ Different from what was requested (Please provide specifics-Attach additional sheets as needed.)☒ Denied☐ Withdrawn

Date: 11/11/21

Reason for Denial/Withdrawal:

INSUFFICIENT RELIGIOUS REASONING

Investigator: P.O. KEITH CATTONAR

Date: 11/11/21

Reviewed by: DIRECTOR MICHAEL MELOCOWSKY

Date: 11/11/21

Date when letter granting or denying the requested accommodation was sent to employee or applicant:

Date: _____